V. S. No. 1

1 DIACE OF PEATU	= 65911
PLACE OF DEATH	STATE OF MARYLAND
County Lurell	CERTIFICATE OF DEATH
h f	Registration Dist. No.
Village or City/lun M3el (No.	Ward) (If death occurred in
2FULL NAME Jacol Bake	a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 77, 193/ (Morth) (Day) (Year)
6 DATE OF BIRTH Color 1, 1852 (Year) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE [If LESS that	and that death occurred on the date stated shove, at 950 pm.
I day bre	The CAUSE OF DEATH & C.11
75 yrsmos. 26 ds. ormin.	Chrome Juterst teal Nephry
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yw moe de.
9 BIRTHPLACE (State or country)	Contributory Mutual Peursus Secondary
10 NAME OF 0	(Signed) Auur Bross M. D.
FATHER John Baker	May 16 1931 (Address) 22 Sact Mary Frost
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Lajury and (2) Whether
of MOTHER Catherine and	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ienta or Recent Residents) At place of deathyrsmosds.
(State or Country)	Where was disease contracted, if not at place of death?
a C I Pa I	Former or usual residence
(Address) Tuned Ind	DATE OF BURIAL OR REMOVAL
	20 UNDERTAKER ADDRESS
Filed July 181 1981 Uhamasef to Now E	199 Dust Frostburg fred
If more banks are needed, address State Registra	r 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, hou ehold only (not paid Housekeepers who receive a Foreman, for many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menteldnus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary (Recommendations on statement of cause of death carbolic acid - probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi perilonaeum, etc., Carcinoma, Sarcoma, etc., ol or intercurrent) affection need not be ass important. Example: Measles (disease Nomenclature of the

If this certificate is looked over thoroughly and all qu stions an arguered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

PLACE OF DEATH	STATE OF MARYLAND
County Harrett	CERTIFICATE OF DEATH
4	94.3
Village or City Selbyspart md (No.	Registration Dist. No. / (0)
Village or City Dubys/son mg (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Joeob. E. Bows	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MAY 12th 1981
male White OR DIVORCED Widown	1
6 DATE OF BIRTH	(Month) (Day) (Year)
april 9th 1855	april 29 de 1921, to may 12 ds , 192/,
(Month) (Day) (Year)	that I last saw heir alive on Troy 11th , 1921,
7 AGE [If LESS than	
76 yrs. / mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
76 yrs. / mos. ds. or min.?	Augina Octoria
(a) Trade, profession or Farmur	
(b) General nature of industry	
business, or establishment in Auru.	(Duration) yrs, mes /4 ds.
9 BIRTHPLACE	Contributory Alteriosclussis
(State or country) Mary Land	Secondary
10 NAME OF	(Signed) (Duration) 4 yrs mos ds.
FATHER Joseph Dowser	
OF FATHER	1901 (Address)
Z (State or country) lukrown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
T 12 MAIDEN NAME OF MOTHER PL' - I THE RESTAURA	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	into on Donat Decidents)
OF MOTHER), A	At place of death yrs mos ds. State yrs mos ds.
(State or Country) WWW B W KNOWLEDGE	Where was disease contracted, at place of death, if not at place of death?
(Informant) Walley Bowser	Former or usual residence usual
(Address) Oakland Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(a feet day and	leon Churches may 14, 193/ 20 UNDERTAKER ADDRESS
Filed May 14, 193 per Gean Grand Statler	20 UN DERTAKER ADDRESS
Registrar	11 Huntrous Wrantenlle m
If more bianks are needed, address State Registrar	, It W. Daratoga St., Balto., Requesting V. S. No. I.

-- 040

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. Housemaid, etc. If the occupation has been changee Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the (b) Automobile factory. The materia Laborer-Coal minc, etc. Wompersons en-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebros pinul Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

4 , 1931

data

Bermanently filed.

(Recommendations on statement of cause of death was fracture of skull, and consequences (e. g., sepsis, approved by Committee on tetapus) may be stated under the head of "contributory." carbolic acidatic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Examples: Accidental drowning; Struck by railway train this certificate is looked over thoroughly and a'l qu stions ered in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; or intercurrent) -probably swicidc. The n-ture of the injury, Chronic etc. The contributory affection valvular heart Nomenclature Always qualify all need not be disease; etc., of of the

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CENTIFICATE OF DEATH SINGLE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month)(Day) HERERA CERTIFY, That I attended the deceased 6 DATE OF BURTH (Day) (Year) (Month) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER Address II BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in death from Miolent Causes, state (1) Means of Injury and (2) Whether CAUSI (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death _____yrs._____ds. OF MOTHER (State or Country should ent of O Where was disease contracted, if not at place of death?..... Every item CIANS sho statement usual residence. DATE OF BURIA PORES Registrar If more blanks are needed, address State Registrar/16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (h) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (roll or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, whatever, write Nonc. Housemoid, etc. If the occupation has been changed guged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., Forenion, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Laborerwithout more precise specification as Day For persons who have no occupation Architect, Locomotive engineer, -Cool minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DIST EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on tolonus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-honicide; Poisoned by or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory volvulor Nomenclature of the Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(If death occurred in a hospital or institu-

tion, give its NAME it stead of street and

DATE OF BURIAL

ADDRESS

number.)

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs. For persons who have no occupation state occupation at beginning of illuess. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (o) Foreman, (b) Automobile foctory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planler tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISLEAN WILLIAM (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) tetanus) may be stated under the head of "contributory." approved as fracture of skull, and consequences (e.g., sepeis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperitonacum, etc., Corcinoma, Sarcoma, etc., of by Committee on Nomenclature of the Chronic valvular heart diseose; nephritis, etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

193

8. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	n501
		UUULI

1. PLACE OF DEATH		71-2	7 1 17
County Gunall		Registration Dist. No. / 6	/
Village or City Drees	dorrelle	NoSt.,	Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. il of foreign birth?yrs.	
nt-	B-11 60	. Township in 0.5.11 of foreign units:	.11105
2. FULL NAME STANKE	in vale pa	slul	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH May 23 (Month) (Day)	, 193/ (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Mae Castell	22. april 34 193/ 10 may 23	
6. DATE OF BIRTH (month, day, and year)	Par 17-1857	I last sew h see aliva on Query 2/34, 198	; death Is said
7. AGE Yaars Months	Deys If LESS than 1 day,hrs.	to heve occurred on the date steted ebove, at	1
8. Trede, profession, or particuler kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.	Don.	Pernicione anemia	Date of onset
kind of work done, as SPINNER SAWYER, BODKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			
10. Dete deceased lest worked et this occupation (month end yaer)	11. Total tima (yeers) spant in this occupation		
12. BIRTHPLACE (city or town) (State or country)	net Centre	Dther Contributory Causes of Importance:	
I 13. NAME Minshe a	Kee & Castel		
13. NAME /// O'LL C. 14. BIRTHPLACE (city or town) // (State or country)	1	Name of operation Deta of. What test confirmed diagnosis? Wes there a	
15. MAIDEN NAME /Lila	millen	23. If death was due to externel causes (VIOLENCE) fill in elso the lollowing	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State er country)	mil	Accident, suicide, or homicida? Data of injury Where did injury occur?	, 19
17. INFORMANT M.J.	astell indoubles	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	. Date Muy 26, 193/	Manner ol injury	
19. UNDERTAKER 7 19. AL	I shifteen	24. Was disease or Injury in any way related to occupetion of deceesed?	no
20. FILED May 25 , 1931 per	leun hard Teitler Registrar.	(Signed) A The Lurlle	med M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

9.-The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10.-The month and year the deceased last worked at the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," 'operative," etc. Find 11.-The number of years the deceased followed the occupation.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State de particular kind of work done and return that, as spinner, weaver, etc.

should be called a salesman and not a clerk. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

•				inoß v
รอนอาราเบา	8261,1 yn M	Gastroenteritis		Took I
Other contributory causes of importance:		Other contributory ca	eses of importance:	
			RECEIVED	
Cerebral hemorrhage	7281,8 ylul	Pertionitis.	JIN 0 1931	obv shop g
Chronic interstitial nephritis	1261	Run over by street car		obv yəən I
Arlerioselerosis	9161	Allack of epilepsy	BUREAU V.S.	obv yoom I
The principal cause of death and related causes of importance were as follows:	Sale of onset	The principal cause of importance were a		
rxymbic 1			Example II	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1PLACE OF DEATH	STATE OF I	MARYLAND
County Barut.	CERTIFICATE	OF DEATH
	Registration I	,
Village or City Red Hause (Not Rland	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and
2FULL NAME Jois June test	us	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 17 (Month) (Day)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I att	ended the deceased from
(Month) (Day) (Year)		, 192,
7 AGE If LESS than day hrs. day min.?	and that doath occurred on the date stated The CAUSE OF DEATH * was as follows: Use Mobile allidents	above, at /C, 3UA m.
8 OCCUPATION (a) Trade, profession or	dead when I arrived	*
particular kind of work		,
(b) General nature of industry business, or establishment in	(Duration)	yrsds.
which employed or (employer)	Contributory	a
9 BIRTHPLACE (State or country)	Secondary (Duration)	
10 NAME OF FATHER Carl Frather	(Signed) # 101/601/605, May 19,192 (Address) Oakle	and Md.
OF FATHER (State or country) Preston, Co, W.Va,	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER Plant Cryst	18 LENGTH OF RESIDENCE (For Hospitients or Rocent Residents)	
13 BIRTHPLACE OF MOTHER	BIRTHPLACE In the	
(State or Country) Square wille, W. M.,	of death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or_	
(Naformant) & and Seathers	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Juga Ulty, WIG.	Terra Olta W.Va.	May. 19 , 1931
15 Filled ay 17 1921, Julia Marvan Registras	20 UNDERTAKER 1 L Dallus	In alta W.
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V.	5. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenmid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (clanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tubcrculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular etc. The contributory Nomenclature heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	05917 STATE OF MARYLAND
/ County Garrell	CERTIFICATE OF DEATH
Village or City Freendsvelle (No. 7D	Registration Dist. No. / (0 /
2FULL NAME Francis Luce	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July Trestant 198/ (Month) May (Day) 5 (Year)
G DATE OF BIRTH Fiely 3/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the secessed from 192 to 197 , 197 , that I last saw her alive on 4 , 193 /
7 AGE If LESS than 1 day hrs.	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds
9 BIRTHPLACE (State or country) Jarrett Co Jud 10 NAME OF FATHER TABLE Transport 11 BIRTHPLACE OF FATHER (State or country) Jarrett Co 12 MAIDEN NAME A	Contributory Secondary (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Serve & Delrich 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Address) Filed May 9th 198 from heart Statle Registrar	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5/7, 193/ 20 UNDERTAKER ADDRESS Brandsnivelle, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	14. / .

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation duties of the 6

Statement of Cause of Death—Name, first, the DISTEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of telarius) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Whooping as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic affection need etc. The contributory valvular Always qualify all heart Measles , not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05918
County Garrell Village or City White Rock	Registration Dist, No. / 6 / No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long to U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Arendrulle Mcl. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH 2 3 , 193 / (Year)
HUSBAND of (or) WIFE of Children	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) och. 31 > 1858	I last saw h alive on 2 2 , 1934 , death is sald
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	nestral Regungation
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	arterial Scheroim
1D. Dato deceased last worked at this occupation (month and year)	21-9-1-2-3
BIRTHPLACE (city or town) Frendsvelle Mof 1745, (State or country)	Other Contributory Causes of importance:
13. NAME Jonathan French	
14. BIRTHPLACE (city or town) Just Kingson	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lydra Collins	23. If death was dua to external causes (VIDLENCE) fill in also the following:
(State ar country)	Accident, suicide, or homicide?
. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place / Lecter globe Date May 27, 193/	Manner of injury
UNDERTAKER Sarl Harried	24. Was disease or injury in any way related to occupation of deceased?
aspen quard	N Masin

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mining engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, macchinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause or injuries. Examples:

Or contributory causes of importance: Galistones	8281,1 yo M	Other contributory causes of importance: Gastroenteritis	I year
		RECEIVED	
Cerebral hemorrhage	7201,3 ylul	Pertionitis	3 quils ado
Chronic interstitial nephritis	1261	Run over dy street ear	obv yoon I
Arterioselerosis	2161	Muck of epidepsy , legality	I meek ago
The principal cause of death and related causes of importance were as follows:	fero to eled	The principal cause of death and related causes of importance were as follows:	Date of onset
kample 1		Example II	

ADDITIOUAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
7/1	Registration Dist. No. 161
Village or City FriendsvilleNo.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and
2FULL NAME Jaspel Tu	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) widower	16 DATE OF DEATH may 9th, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
October 21 . 1857	may 4.64 1921 to may 9th , 1951,
(Month) (Day) (Year)	that Plast saw here alive on May 4M , 1931,
7 AGE [If LESS than	
79 yrs. 6 mos. /8 ds. or min.?	
(a) Trade, profession or particular kind of work	toe of right foot Infection, 12 days
(b) General nature of industry business, or establishment in	(Duration) yrs, mos 9 ds,
which employed or (employer)	Contributory Strioselerosia
9 BIRTHPLACE (State or country) Warsha	Secondary (Duration) / yrs
10 NAME OF STATE OF S	(Signed) M Ouedrow M. D.
on 11 BIRTHPLACE	may 10th 1991 (Address) tinendoulle mind
C (State or country) Mary Land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ophelia Timmonds	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrsmosds.
(State or Country) // Will Lawy 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
O With the and	Former or usual residence usual
(Informant) Yall Such	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hriendsville Mid.	Kriendsville May 1/2, 1931
15 Filed ay 10 13 Mo Carl Statler Registrar	20 UN DERTAKER Javage Friendsville
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer to report specifically the occupations of persons enhow ehold only (not paid Housekeepers who receive a in domestic serva.

In dom For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Stz tement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> approved by "PUERPERAL septicaemia," "PUERPERAL perilonilis, "(Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid cianus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X resulting from childbirth or miscarriage as or intercurrent) Committee on Chronic Example: Measles (disease affection need etc. valvular heart disease; Nomenclature The contributory not be

permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al qu stions

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Furmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serual, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc.. Without more present of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile fuctory. The materia additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness (I various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, Fo: many who are engaged in the duties of the Stationary fireman, etc. (a) the kind of work and also (b) the occupations a single word or term on But in many engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrashing fever (the only definite synonym is "Epidemic cerebrashinal meningitis"); Diahtheria avoid use of "Croup" Typhoid fiver (never report "Typhoid Pneumonia," Brouchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, telunus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-honicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephrilis, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of approved by Committee on Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained (secondary unqualified, is indefinite); Tuberculosis of lungs; men-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), " "Marasmus, cough; or intercurrent) as the cause. Chronic " "Old Age, " "Shock," etc. The contributory affection need valvular heart Nomenclature Always qualify all not be disease;

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more banks are needed, address State Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Exact

	County	Jarre	N/				
Vill	age or City	, Rud Co	ak.	nen M	elso	m,	wr
	²FU	LL NAME	Ha	riel	6	Te	eci
	PERSO	NAL AND	STATISTI	CAL PART	LICUI	ARS	
3 S	EX Male	1	OR RACE	5 SINGLE, MARRIED WIDOWE OR DIVOI (Write the	D. (Mars	ret
6 D	ATE OF BIR			(with the	word		
		4	(Month)	(Da;	0	, 18	57
7 A	GE			(IfLESS	
		711	/	10		1 day	hrs.
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 167

St.: Ward) (If death occurred in a hospital or institution, give ite NAME instend of etreet and
number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH May 20 1991
17 I HEREBY CERTIFY, That I attended the deceased from
June - 1936, to May 19, 193/
that I last saw her alive on about Jun -, 193/
and that death occured on the date stated above, at # A m.
The CAUSE OF DEATH * was as follows:
Dialely Mellitus
(Duration) 2 year da
Contributory Secondary
(Signed) In sour . M. D
May 26 1958 (Address) Bay and Wir
*Strite the Discase Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs mos ds State yrs de
Where wes disease contracted,
if not at place of death?
Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
abernathy Cemetry 5-22, 1931
20 UNDERTAKER ADDRESS
7.71. Schrock. Ogron. Villa

f. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer. Physician, Compositor, Architect, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer,'""(Foreman," "Manager," "Tealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Woniwithout more precise specification as Day Stationary fireman, etc. But in many Locomolive engineer, material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "obar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Mcasles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e. g., sepsis, telurus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid peritonacum, etc., Carcinoma, Sarconu,, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. valvulur heart disease; The contributory Measles,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate in permanently filed.

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-Statement of OCCUPATION is very important. See instructions on back of certificate. BINDING MARGIN RESERVED FOR V. S. No. 1 N. B.--

PLACE OF DEATH	U5922 STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
	Registration Dist. No. 16
Village or City Sulfysfort ma (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME John Halle	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MAY 744, 1981
6 DATE OF BIRTH Oct 8 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931, to May 7 4, 1931, that I last saw him alive on may 74, 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at / 0 Pm.
16 yrs. 6 mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows: Oursbrospinsl Meningitis
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	2/1
which employed or (employer)	(Duration) yrs. mos des.
9 BIRTHPLACE (State or country) Manyfaud	Contributory Secondary (Duration) yrs
10 NAME OF Jones bytte	(Signed) M. O. Nedrow M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER CALL OF BOLLOW	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of death (2 yrs. mos. ds. State / b yrs. mos. ds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
((Informant) Jack of The	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Tremelosille may 10, 1931
Filed May 15th 1931 Jasher Suard Statler Registrar	20 UNDERTAKER DUNGSESS OULUGSULLE
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenelature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular etc. The contributory Always qualify all heart disease;

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gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease ," "Coma," "Convulsions, valvular heart disease; etc. The contributory Nomenclature

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FOR

MARGIN RESERVED

V. S. No. 1

act	PLACE OF DEATH	STATE OF MARYLAND
ž /	County Garrett Cs.	CERTIFICATE OF DEATH
ġ/	47 (41 100 100 100 100 100 100 100 100 100 1	Registration Dist. No. 172
	K.T ale	Registration Dist. No.
0 0	Village or City his wills (No.	St.: Ward) (If death occurred in a hospital or institu
cat	THE NAME (Though a land a land	tion, give its NAME in stead of street and
operly class	² FULL NAME USU CHOOLIC (a with file VIC momber.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
of		16 DATE OF DEATH W 26 31
on back	male White WIDOWED. MANUEL OR DIVORCED (Write the word)	(Month) (Day) (Year)
n u	6 DATE OF BIRTH	I HEREBY CERTARY, That I attended the deceased from
_ 00	Uet. 4, 1/876	May 10 15/ 10 May 29, 13/
struction	(Month) (Day) (Year)	that I last saw hall alive on May 29, 192
nci		and that death occurred on the date stated above, at 2,30 /2. m
Str	55 yrs. 7 mos. 25 ds. or min.?	The CAUSE OF DEATH * was as follows:
n	8 OCCUPATION	Paramana 12 Thursday
80	(a) Trade, profession or particular kind of work	Cocciona of Tragator
#: B	(b) General nature of industry	<u> </u>
tar	business, or establishment in which employed or (employer)	(Duration)yrs
bod	9 BIRTHPLACE	Contributory MOYL Secondary
3 =	(State or country) Darrell Co.	(Duration) yrs mos ds
very	TO NAME OF FATHER 144 . 1 Mag 2 . 1	(Signed) a. K. Fidher
5 0	WIPUNIA // C NATIONAL	May 3 0 101 (Address) Blaine Franklinger
2 2	OF FATHER	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
0	(State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
NA N		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
CCU	13 BIRTHPLACE	ients or Recent Residents) At place In the
00	(State or country) I (M)	of deathyrsds. Stateyrsds
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
nt	(1) 0 7/1/010 /// (//7/15)	Former or usual residence
me	(Informant) 100000 14 Coco	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
stateme	(Address) / AMUSES / M.C.	OO 2. Consteres EM Landa May 31, 19.31
0		20 UNDERTAKER W. Va. ADDRESS
	Filed May 30 1921 Co. Registrar	O. J. Sharblesse Claine Wil
	If more banks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

-091

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs,. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the to report specifically the occupations of persons en-Foreman, etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-BA. 3 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros₁ inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature of the contributory not be

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 16

(If death occurred in Ward) a hospital or institu-tion, give its NAME irstend of street and number.)

MEDICAL CERTIFICATE OF DEATH That I attended the decepted that Plast saw hell alive on / and that death occured on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration)vrs. *St., te the Disrase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIA

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, er," etc., without more record mine, etc. Wom-laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; should be used only when needed. As examples: 'a' additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know (a the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Archivet, Locomotive engineer, Civil engineer, Stationary fireman, et. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer,'" (Foreman," "Manager," 'Dealwhatever, write None. report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman. (b) Groccry;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on who are engaged in the duties of the Architect, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Spidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup" spinal meningitis" prophetical sections of the same spinal meningitis."

BUREAU

"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart "Old Age, tctanus) may be stated under the head of "contributory carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicale; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, as fracture of skull, and consequences (e.g., seisus and qualify as ACCIDENTAL, SUICIDAL, OF HOMICI'A., taken. For violent deaths state means of injuny State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to deternine definitely. unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valvular heart disease, Nomenclature The contributory Sarcoma,, etc., of

N. B.

1 .	5926		
PLACE OF DEATH	STATE OF MARYLAND		
County Jasrell	CERTIFICATE OF DEATH		
DO Near Johns	on's Cheuch Registration Dist. No.		
Village or City (No	St: Ward) (If death occurred in		
2FULL NAME Andrew	a hospital or institu- tion, give its NAME in- stend of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Ghile Bringle, Married, Miloweb. OR DIVORCED (Write the word)	16 DATE OF DEATH 198/		
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from		
x Seht 5' 185")	May 3 12/10 May 5, 12/		
(Month) (Day) (Year)	that I inst saw bemaive on Man 5 , 1921,		
7 AGE [If LESS than	and that death occurred on the date stated above, at 6:05 Pm.		
I day hrs.	The CAUSE OF DEATH * was as follows:		
8 OCCUPATION			
(a) Trade, profession or	maung		
particular kind of work (b) General nature of industry	<u></u>		
business, or establishment in	(Durin)		
which employed or (employer)	(Duration) yrs. mos. do.		
9 BIRTHPLACE (State or country) Marulands	Contributory Secondary (Duration) Trs. O.mos de.		
TO NAME OF FATHER OF STATE OF	(Signed) A M. D.		
IN 11 BIRTHPLACE	Mary 193/ (Address) . The file		
C (State or country) Ravarias	*State the Disease Causing Death, of in death from Violent Causea, state (1) Means of injury and (2) Whether		
12 MAIDEN NAME OF MOTHER 7/1/2 Aut Cont	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
13 BIRTHPLACE	ients or Recent Residents) At place In the		
OF MOTHER (State or Country) Bavarrey	of deathyrsmoa,ds. Stateyrsmosds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
(Informant and minich	Former or usual residence.		
R.D. (Address) Strostburg Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May, 8, 1931		
Filed Juay 6, 198/ Thomas Lorows Registrar	20 UNDERTAKER & surat Frasburg		
If more blanks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant Cont., Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The materia Salesman, (b) Grocery,

Statement of Cause of Death—Name, first, the DISE EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of xapproved by Committee on Nomenclature American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or mistarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJULY Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid interstitual nephritis, cough; or intercurrent) affection need (disease important. Example: Measles (disease Chronic valvular etc. The contributory heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 6 2 perly classifle EXACTL (If death occurred in Ward) a hospital or institution, give its NAME is - stead of street and number.) properi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCES may n bac (Write the word) (Month) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from (Month) (Day) (Year) IIfLESS than 7 AGE and that death occurred on the date stated above I day hrs. The CAUSE OF DEATH * was as follows: term 8 OCCUPATION 0 (a) Trade, profession or CO particular kind of work plai nt. (b) General nature of industry business, or establishment in which employed or (employer) impoi Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 4 (Duration) म म 10 NAME OF (Signed) 3 L FATHER O (Address) 11 BIRTHPLACE STZ OF FATHER *State the I is ase Causing Death, or, in deaths from S C Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) Accidental, Suicidal or Homicidal. ш 12 MAIDEN NAME œ 10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER 9 1. 0. ients or Recent Residents) Stot CCU. 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos ds. (State or Country) should ent of OC Where was disease contracted, it not at place of dea h? Every Item CIANS sho statement usual residence DATE OF BURIA 20 JUNDERTAK If more b.anks are needed, addre. s .: tate Negistrar, 18 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been phanged ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The materic person, irrespective of (b) Grocery,

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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